



Name of Debtor NICEVIEW TRADING INC.

Case No. \_\_\_\_\_

**TRANSFER OF CLAIM**

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).

**REQUEST FOR RELIEF**

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

x  
Signature of Petitioner or Representative (State title)  
XIX FASHIONS INC. 7/23/09  
Name of Petitioner Date Signed  
Name & Mailing  
Address of Individual 215 W. 40 ST  
Signing in Representative NY. NY. 10018  
Capacity 9 FLOR 212-869-0001 x306

x  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
Name of Attorney Firm (If any) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

x  
Signature of Petitioner or Representative (State title) \_\_\_\_\_  
Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_  
Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
Name of Attorney Firm (If any) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

x  
Signature of Petitioner or Representative (State title) \_\_\_\_\_  
Name of Petitioner \_\_\_\_\_ Date Signed \_\_\_\_\_  
Name & Mailing  
Address of Individual \_\_\_\_\_  
Signing in Representative \_\_\_\_\_  
Capacity \_\_\_\_\_

x  
Signature of Attorney \_\_\_\_\_ Date \_\_\_\_\_  
Name of Attorney Firm (If any) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**PETITIONING CREDITORS**

Name and Address of Petitioner <u>XIX FASHIONS INC.</u>	Nature of Claim <u>MERCHANDISE -</u>	Amount of Claim <u>\$115,000.00</u>
Name and Address of Petitioner <u>215 W. 40 ST. 9 FL NY NY</u>	Nature of Claim <u>PAID FOR &amp; NOT</u>	Amount of Claim
Name and Address of Petitioner <u>NY. NY. 10018</u>	Nature of Claim <u>DELIVERED</u>	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>\$115,000.00</u>

\_\_\_\_\_ continuation sheets attached